Nebraska State Court Form Rev. 06/2019 Neb. Rev. Stat. § 43-1314.02	CAREGI INFORMATIO		
IN THE JUVENILE COURT	OF		COUNTY, NEBRASKA
Child:	L	₋egal Case Nur	mber:
Hearing Date:			
Completed by:	F	Relationship:	
L.B. 457, § 1) requires courts to written information to the court, a form may assist you in providi information based only on <i>first-h</i> Please type or print clearly in ink the Court. You also have the rig	provide a Caregiver In and you can be heard ing written information and knowledge. You and submit the form the to be present at the control of the control o	nformation Form at review and p to the court. do not have to 2 weeks in adva the hearing, and	Stat. § 43-1314.02 (2007 Neb. Laws to foster parents. You may submit ermanency hearings. This <i>optional</i> You are encouraged to provide complete every item on the form. ance of the hearing to the Clerk of you are encouraged to attend. All and you may be required to testify
1. Child's Name:			Age:
Date of Birth:			

☐ Group home/residential treatment facility

☐ Other (specify): _____

Phone:

2. Name of Caregiver:_

Type of Caregiver:

☐ Foster Parent

☐ Relative/Kinship

3. The child has been living in my home for _____ years and ____ months.

Address: ___

	Current Picture of Child	
4.	Current status of child's medical/ dental/ general physical condition:	
•	☐ I have no new or additional information since the last court hearing	
		,
	☐ I have new or additional information since the last court hearing (briefly describe	?)
5.	Current status of child's emotional condition:	
	☐ I have no new or additional information since the last court hearing	
	☐ I have new or additional information since the last court hearing (briefly describe	۵)
	- That the wor additional information circle the last countries in general accounts	′)
6.	Current status of child's education:	
	☐ I have no new or additional information since the last court hearing	
	☐ I have new or additional information since the last court hearing (briefly describe	e)
Г	Do you have any concern for an unmet educational need such as special education, Indi	ividual Education
	Plan, 504 plan, English Learning student, etc.? <i>(please describe)</i>	Tradar Eddadaron
_		
8.	Current status of child's social skills and peer relationships:	
	☐ I have no new or additional information since the last court hearing	
	☐ I have new or additional information since the last court hearing (briefly describe)	

Page __ of __ Caregiver Information Form ____ Rev. 06/2019

7.

9. Current status of child's special interests or activities:
☐ I have no new or additional information since the last court hearing
☐ I have new or additional information since the last court hearing (briefly describe)
The Strengthening Families Advisor is an individual identified by the youth to be designated as the youth's advisor on the application of Reasonable and Prudent Parenting Standards (RPPS). RPPS allow foster parents to use their best judgment in making day-to-day decisions about activities foster youth are involved in. This applies to activities and being able to participate in age-appropriate extracurricular, academic, enrichment, and social activities that promote a sense of "normalcy" while in foster care.
10. Does the child have a Strengthening Families Act Advisor? ☐ Yes ☐ No
44. Deceribe very involvement with the abild's family.
11. Describe your involvement with the child's family:
12. Does the child exhibit any changes before/during/after parenting time and/or sibling visits?
☐ I have no new or additional information since the last court hearing
☐ I have new or additional information since the last court hearing (briefly describe)
13. ☐ I have no concerns regarding visitation arrangements.
☐ I have concerns regarding visitation arrangements. (please specify)
14. Is child receiving all necessary services? □Yes □No Explain:

	there any additional services for	you or the child that would I	be helpful? □ Yes □ No
ii y	es, please describe:		
			and family. The next section asks cy and contact with you and the child.
16. The	e Guardian Ad Litem has acquired	d information about child thro	ough:
	Personal visits (describe in cha	art below)	
	I have provided monthly caregi	ver reports	
	Other (specify):		
17. My	child has a CASA volunteer: □Y	es □No	
			s on their team. This would include the
case work	er, a CASA, a Guardian Ad Liter	n (GAL) or other.	
Month	Professional	Child or Caregiver	By Phone, Email, Text, or Location (if
			meeting in person)

Month	Professional	Child or Caregiver	By Phone, Email, Text, or Location (if meeting in person)

18.	If child is not able to be reunified with his/her family, and if consideration for permanency is with us, I am/ we are:		
	☐ ABLE to provide permanency for the child.		
	☐ WILL CONSIDER providing permanency for the child.		
	☐ UNABLE to provide permanency for the child, but desire to maintain a relationship and permanent connection with the child.		
	☐ UNABLE to provide permanency for the child.		
	Comments below:		
F	Please feel free to use the back for more detailed information.		
D	Date:		
(Type or print name) (Signature of Caregiver)		